

New _____ Renewal _____



For office use only:

Licensing Year: _____

License No: _____

APPLICATION FOR BAIL BONDING AGENT

Name of Licensee: _____

Residence Address: _____ Phone _____

Name of Employer (Bail Bond Company): _____

Employer's Address: _____ Phone _____

Date of birth _____ Social Security Number: _____

Have you had any criminal convictions, including traffic infractions, within five (5) years of this application date?
If yes, when, where and for what offenses.

Yes ☐ No ☐

DATE	WHERE	OFFENSE

List any criminal conviction for which you are currently on diversion, probation or parole:

DATE	WHERE	OFFENSE

List any pending criminal charges including traffic infractions:

DATE	COURT	OFFENSE

I agree to comply with all requirements of the Salina Code and regulations relating to the operation of such business.

Date _____ Signature _____

Bail Bond Company Information:

Name of Company _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

I hereby verify that the above named person is applying for a bail bond agent license for employment with the company listed above.

Date _____ Company Owner/Representative _____

\$25.00 Paid by Receipt No. _____ Date _____ Received by: _____

The above individual was fingerprinted by the Salina Police Department on _____, 20____, and forwarded to the United States Department of Justice.

The Police Department is recommending the foregoing application be (approved/disapproved).

Date _____
Police Department

The City Prosecutor is recommending the foregoing application be (approved/disapproved).

Date _____
City Prosecutor

The foregoing application is (approved/disapproved) by the City Clerk.

Date _____
City Clerk
